

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

37185  
Do not use this space.

1. PLACE OF DEATH 1103a No Compton Ave 791  
(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. 1008 Registered No. 9512  
(c) City St Louis (d) Street No. 1103a No Compton Ave St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henrietta Huckols  
(a) Residence, No. 1103a No Compton Ave St. 21  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Female	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel Huckols				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17th 1877				
7. AGE YEARS 61	MONTHS 3	DAYS 12	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Housework			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) Memphis (STATE OR COUNTRY) Tenn				
FATHER	13. NAME John Robertson			
	14. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Elvira Early			
	16. BIRTHPLACE (CITY OR TOWN) Memphis (STATE OR COUNTRY) Tenn			
17. INFORMANT Daniel Huckols (ADDRESS) 1103a No Compton Ave				
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Nov 2nd, 38				
19. FUNERAL DIRECTOR (NAME) Jas. H. Randle & Son (ADDRESS) 3133 Bell Ave				
20. FILE NOV 1 1938 J. A. Bredeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29/38	19
22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1937, to Oct 29, 1938 I last saw him alive on Oct. 29, 1938. Death is said to have occurred on the date stated above, at 10:30 P. M. The principal cause of death and related causes of importance were as follows: Atrial Insufficiency Mitral Insufficiency Date of onset about 30 yrs	
Other contributory causes of importance: None	
Name of operation	Date of
What test confirmed diagnosis? <i>fluoroscope</i>	Was there an autopsy? <i>no</i>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <i>no</i> Date of injury ..... 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <i>J. A. Bredeck</i> M. D. (Address) <i>45 Compton Ave</i>	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**